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LICENSE NUMBER: 131400001		CITY OR TOWN	WALPOLE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: WALPOLE COUNTRY DOING BUSINESS A	CLUB, INC.			
ADDRESS 233 BAKER ST.				
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: IODICE, EDWARD TYPE O. G.	F LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
WOOD FRAME BLDG WITH LOUNGE,LOBBY,KITCHEN,FUNCTION R AREA OFF KITCHENMODIFICATION T CARRIAGE HOUSE	OOM,COATRO	OM WITH DECK	WITH STOR	AGE
I hereby certify and swear under penalties of pe	erjury that:			
1. the renewed license will be of the sa	ame type for the s	ame premises now	licensed;	
2. the licensee has complied with all la	aws of the Comm	onwealth relating to	o taxes; and	
3. the premises are now open for busing	ness (If not explai	n below)		
SIGNED BY: Individual, Partner or A	uthorized Corpor	ate Officer		
DATE: TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liabi	or and the head	of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 131400004		CITY OR TOW	N WALPOLE	2
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 55 BOST	A 99 RESTAURA				
CITY/TOWN: WAI	LPOLE	STATE: MA	ZIP CODE:	02032	
MANAGER: FULI	LER, CINDI T	YPE OF LICENSE: Resi	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
	D FRAME BLDG	IISES: WITH CELLAR FOR S RESTROOMS AND E			
2. the license	ed license will be ee has complied w	tes of perjury that: of the same type for the sith all laws of the Common business (If not explant	onwealth relatin		
SIGNED BY:	Individual, Partr	ner or Authorized Corpor	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	by the building	re in possession (1) the inspector and the head or liability insurance re	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	uin)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1314000	07	CITY OR TOWN	WALPOLE
APPLICATION FOR RENEW	AL: Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BOYLS	ΓΟΝ SCHUL-VEREIN, INC		
DOING BUSINESS A			
ADDRESS 8 COUNTY ST.			
CITY/TOWN: WALPOLE	STATE: M.	ZIP CODE:	02081
MANAGER: NESTELBERO KARL	ER, TYPE OF LICENSE:	Club C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
2 FLOORS AND BASEMENT BAR FUNCTION ROOM AND BASEMENT AND STORAGE	D BEER GARDEN AREA A		
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for	he same premises now	v licensed;
2. the licensee has com	plied with all laws of the Co	mmonwealth relating t	to taxes; and
3. the premises are nov	w open for business (If not ex	plain below)	
SIGNED BY: Individu	al, Partner or Authorized Co	rporate Officer	
DATE: TE	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bilicense and (2) the certificate	uilding inspector and the h	ead of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 1314	00009	CITY OR TOWN WALP	OLE
APPLICATION FOR REN	EWAL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: MAY	WAH, INC.		
DOING BUSINESS A KII	HEI DYNASTY		
ADDRESS 743 MAIN STE	REET		
CITY/TOWN: WALPOLI	STATE: M.	A ZIP CODE: 02081	
MANAGER: CHIU, LISA	TYPE OF LICENSE:	Restaurant CATEGO!	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
	inter, one main entrance double on. Two exit doors in dining room		
	inder penalties of perjury that:		
· ·	nse will be of the same type for	the same premises now licensed	l:
	complied with all laws of the Co	•	
3. the premises are	now open for business (If not ex	(plain below)	
SIGNED BY:			
Indiv	vidual, Partner or Authorized Co	rporate Officer	
DATE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIF	
		(Note: <u>NOT</u> Individual So	ciai Security Number)
	st that we are in possession (1)		
	e building inspector and the heate of liquor liability insuranc		
Please Check Below:		LOCAL LICENSING AU	
APPROVED:		By:	THORITI
DISAPPROVED:		2).	
(If disapproved explain)			
DATE			
DATE:			



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LICENSE NUMBER	1:131400010		CITY OR	. TOWN	WALPOLE	3
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 7 GLENY	A FINNEGAN'S W					
CITY/TOWN: WAI		STATE: MA	ZIP C	CODE:	02081	
	TH, KRISTIN TYI					All Alcohol
EMAIL ADDRESS:						
:	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS	;		_
DESCRIPTION OF I APPROX 5700 S F O SHOP BUILDING, 3 ON GLENWOOD A	OF SPACE LOCATE B DINING ROOMS,	ED ON THE FIRST				
2. the license	ed license will be of ee has complied with ses are now open for	the same type for the	monwealth			
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Office	er		
DATE:	TELEPHON	E NUMBER:				CION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the o	by the building ins	spector and the hea	d of the fir	e depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL By:	, LICENS	SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED BY L	ICENSEES DURING THE I	MONTH OF NO	VEMBER (N	I.G.L. Ch. 138 \$ 10	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 131400011		CITY OR TOW	N WALPULE	2
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FU RESTAURAN	ΓINC.			
DOING BUSINESS	A ASIA TREASUR	ES RESTAURANT			
ADDRESS 399-01 I	HIGH PLAIN				
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: LIN,	YONG ZHEN TYP	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
	IN STREET, LOCAT OOM, KITCHEN, A				
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises no	w licensed;	
2. the licens	see has complied with	all laws of the Comm	nonwealth relating	g to taxes; and	
3. the premi	ises are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersione	d, attest that we are	in nossession (1) the	e certificate regu	ired by Chant	er 304 of the
Acts of 2004, signe	d by the building ins	pector and the head	l of the fire depa	rtment for the	above named
license and (2) the	certificate of liquor	liability insurance r	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 131400013		CITY OR TOWN	WALPOLE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	
	KRUEGER CORPO A THE PATRIOT T			`	YEAR
CITY/TOWN: WA		STATE: MA	ZIP CODE:	02081	
	NN, MICHAEL TYP			ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		MAIL ADDRESS		
ONE STORY FRAM	ME BLDG ATTACHE IN REAR OF 102 MA	ED TO A TWO ANI		BLDG. DININ	NG
	ses are now open for l		ain below)	o taxes; and	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATI	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the head	l of the fire depart	ment for the a	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHO	PRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400015	CITY OR TOWN WALPOLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: TEE-T'S RESTAURANT INC DOING BUSINESS A TEE-T'S ADDRESS 943 MAIN ST.	
CITY/TOWN: WALPOLE STATE: MA	ZIP CODE: 02081
MANAGER: BURKE, MONICA TYPE OF LICENSE:R EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR DESCRIPTION OF LICENSED PREMISES:	
TWO STORY FRAME BLDG, FIRST FLOOR-KITCHEN, DBASEMENT. TWO ENTRANCES ON MAIN ST. REAR DEMERGENCY EXITS, ALSO EMERGENCY EXIT ON SI	OOR FOR DELIVERY AND
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for th 2. the licensee has complied with all laws of the Con 3. the premises are now open for business (If not exp	nmonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance	ad of the fire department for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13140001	16	CITY OR TOWN	WALPOLE
APPLICATION FOR RENEWA	AL: Annual CLASS	LICENSI	ED FOR 2013 YEAR
LICENSEE NAME: THE K C DOING BUSINESS A BECKE ADDRESS 1065 MAIN ST.	CLUB,INC.		
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081
MANAGER: JACOB JOHN (G. TYPE OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
	VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
ONE STORY RESTAURANT, ENTRANCES/EXITS. ONE R ROOM OF APPROX 6300 SQ	TWO FRONT ENTRANCES/ EAR SERVICE ENTRANCE/F	EXIT. LOWER LEVI	
2. the licensee has com	r penalties of perjury that: will be of the same type for the plied with all laws of the Comn open for business (If not expla	nonwealth relating to	
SIGNED BY: Individua	al, Partner or Authorized Corpo	rate Officer	
DATE: TE	LEPHONE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate	ilding inspector and the head	of the fire departme	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSII By:	NG AUTHORITY
DATE:			



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LICENSE NUMBER	1:131400017		CITY OR T	OWN WALPOLI	E
APPLICATION FOR	R RENEWAL:	Annual	I	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1428 MA	A	RE CAFE, INC.			
CITY/TOWN: WAI	LPOLE	STATE: MA	ZIP COI	DE: 02081	
MANAGER: BEA	ITY, DIANE TY	PE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF I					
UNITS 9 & 10M BR LAVATORY, 2 HAN		ISTING OF DINING ΓOMER LAVATORI		CHEN, EMPLOYE	EES
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renew	ed license will be of	f the same type for the	e same premise	es now licensed;	
2. the license	ee has complied with	h all laws of the Com	monwealth rel	ating to taxes; and	
	•	r business (If not expl			
SIGNED BY:					
SIGNED D1.	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMI	PLOYER IDENTIFICAT	TION NUMBER:
			(Note: <u>N</u>	IOT Individual Social S	Security Number)
Acts of 2004, signed	by the building in	e in possession (1) the aspector and the hear liability insurance	d of the fire d	lepartment for the	above named
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	IIII <i>)</i>				
			-		
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF NOVE	MBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 131400018	j	CITY OR TOWN	WALPOLE	Š
APPLICATION FOR RENEWAL	L: Annual	LICEN	ISED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: RENAISSA	ANCE FACILITIES, INC.			
DOING BUSINESS A RAFFAE	L'SBANQUET & CONFERI	ENCE FACILITY		
ADDRESS 1601 MAIN ST.				
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: RICCI, ELIO	TYPE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED	PREMISES:			
SINGLE BLDG. CONTAINING OF FOUR ROOMS AND TWO I ROOMS AND TWO BATHROO	BATHROOMS. THE SECON MS. TWO SIDE ENTRANC	ND FLOOR CONSI EE AND EXIT DOO	ISTS OF NIN ORS AND TV	E
DOORS AND TWO REAR ENT RESTAURANT	RANCE AND EXIT DOORS	SOUTSIDE PAT	IO TO THE	
I hereby certify and swear under p	penalties of perjury that:			
• •	ill be of the same type for the	same premises now	v licensed;	
2. the licensee has compl	ied with all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now of	open for business (If not expla	ain below)		
SIGNED BY:	Partner or Authorized Corpo	vroto Officer		
marviduai,	Farmer of Authorized Corpc	orate Officer		
DATE: TEL	EPHONE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
		(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that Acts of 2004, signed by the buil license and (2) the certificate of	ding inspector and the head	l of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131400020		CITY OR TOW.	N WALPULE	2
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 2235 PRO	RED WING	INC.			
CITY/TOWN: WALL		STATE: MA	ZIP CODE:	02071	
MANAGER: MURP				CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM			
ONE STORY, DINER ENTRANCE TO DIN		NG ROOM,KITCH	EN, STORAGE	IN BASEMEN	T, MAIN
2. the licensee	I license will be of the has complied with all s are now open for bu	l laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner or	· Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building insp	ector and the head	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICEI By:	NSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 131400021		CITYORI	OWN WALPOL	E
APPLICATION FO	R RENEWAL:	Annual	I	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WALPOLE E	BBC, LLC			
DOING BUSINESS	A British Beer	•			
ADDRESS 85 PRO	VIDENCE HW	Y.			
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CO	DE: 02081	
MANAGER: Cow	les, Nancy	TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
FLOOR;KITCHEN,	DINING ROOM	R;STORAGE AND REFR M AND LOUNGE. SECO EA TO INCLUDE TEN TA	ND FLOOR;0	OFFICE AND BAN	NQUET
I hereby certify and	swear under per	nalties of perjury that:			
		be of the same type for the	*		
	•	d with all laws of the Com		ating to taxes; and	
3. the prem	ises are now ope	en for business (If not expl	ain below)		
SIGNED BY:	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	PHONE NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>N</u>	NOT Individual Social S	Security Number)
Acts of 2004, signe	d by the buildi	ve are in possession (1) th ng inspector and the head quor liability insurance i	d of the fire d	lepartment for the	e above named
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(ii disappioved expi	u111 <i>)</i>				<u>—</u>
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131400022		CITY C	R TOWN	WALPOLE	B
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS A ADDRESS 642 PROV	CLYDE'S ROADHO		& GRILLE			YEAR
CITY/TOWN: WAL	POLE	STATE: N	IA ZIP	CODE:	02081	
MANAGER: WHIT	E, SCOTT A. TYPE	OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PHOSE DESCRIPTION OF L 99 SEAT RESTAURA FRONT OF BUILDIN BACK PARKING LO	ANT & LOUNGE. EN	S: TRANCE FRO	ONT LOBBY	Y, EXIT IN		
2. the licensee	wear under penalties of d license will be of the e has complied with al es are now open for bu	e same type for I laws of the C	ommonwealt	h relating to		
	Individual, Partner or	· Authorized C	orporate Offi	cer		
DATE:	TELEPHONE	NUMBER:	(Ne			TON NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building inspe	ector and the	head of the f	ire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBER:	131400024		CITY OR TOW	N WALPOLI	<u> </u>
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS ROBBINS	Λ	5188 V.F.W., INC.			
CITY/TOWN: WAL		STATE: MA	ZIP CODE:	02081	
	NUCCI,JOSEPTYPI			CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE STORY CONCE					
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of the	he same type for th	e same premises no	ow licensed;	
2. the licensee	e has complied with a	all laws of the Con	nmonwealth relating	g to taxes; and	
3. the premise	es are now open for b	ousiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building insp	pector and the he	ad of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LIC	CENSEES DURING THE	MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 131400025		CITY OR TOW	N WALPOLI	E
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: APPLE NEW	ENGLAND LLC			
DOING BUSINES	S A APPLEBEE'	S NEIGHBORHOOD GI	RILL AND BAR		
ADDRESS 990 PR	OVIDENCE HW	Y			
CITY/TOWN: W	ALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: MA	ALLRAF JR., RALD	TYPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PRI	EMISES:			
FLOOR AREA, W. FOR 200 PEOPLE	ITH A FULL SEF . FRONT ENTR <i>A</i>	ACILITY, CONTAINING RVICE KITCHEN, DINII NCE AND EXIT FOR P PPED RESTROOMS FO	NG ROOM AND UBLIC, SIDE EX	BAR AREA. S	EATING
I hereby certify and	l swear under pena	alties of perjury that:			
1. the rene	wed license will b	e of the same type for the	same premises no	ow licensed;	
2. the licer	isee has complied	with all laws of the Com	monwealth relatin	g to taxes; and	
3. the pren	nises are now open	n for business (If not expl	ain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, sign	ed by the buildin	e are in possession (1) the g inspector and the hea quor liability insurance i	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	Lain)				
(If disapproved exp	naill)				
DATE:					



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LICENSE NUMBER: 131	400026	CITY OR TOWN WALPOI	LE
APPLICATION FOR RE	NEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
DOING BUSINESS A	ALIAN AM CLUB OF WALPO	LE, INC.	
ADDRESS 109 STONE S		(
CITY/TOWN: WALPOI	CE STATE: N	MA ZIP CODE: 02081	
MANAGER:	TYPE OF LICENSE	::Club CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEAS DESCRIPTION OF LICE	E ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
TWO EXITS, FRONT, C SIDE AND REAR	ENTER AND LEFT SIDE. BOT	ROOM,MAIN HALL UPSTAIRS TTOM FLOOR WITH EXITS ON I	
* *	under penalties of perjury that:		
	* *	r the same premises now licensed;	_
	•	Commonwealth relating to taxes; and	d
5. the premises an	re now open for business (If not e	explain below)	
SIGNED BY:	lividual, Partner or Authorized C	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by	the building inspector and the	the certificate required by Chap head of the fire department for th ace required by Chapter 116 of the	ne above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disappioved expialli)			
DATE:			
APPLICATION FOR RENEWAL M	UST BE FILED BY LICENSEES DURING T	HE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	5 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131400027		CITY OR TOWN	WALPOLE
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	204 PARTNERS,INC A 204 WASHINGTOI SHINGTON ST			ILAK
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02032
MANAGER: BRO BRA	OKS, TYPE DFORD F. JR	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS	
ONE STORY BLDG	LICENSED PREMISE WITH BASEMENT, TCHEN AND STORA	4 ROOMS, 4 ENT		ITS, PLUS
	ee has complied with al ses are now open for bu Individual, Partner or	siness (If not expla	in below)	o taxes; and
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building inspe	ector and the head	of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	131400028		CITYOR	IOWN	WALPULI	C
APPLICATION FOR	RENEWAL:	Annual		LICENS	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A					
ADDRESS 1600 BOS				0.5.5	02004	
CITY/TOWN: WAL	POLE	STATE: M.	A ZIP CO	JDE:	02081	
MANAGER: SALII	BA, TONI A. TY	PE OF LICENSE:	Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF L ONE FLOOR, ONE F PATRONS, ONE OV	ROOM FOR SALES	S AND STORAGE		CE AND	ONE EXIT	FOR
	e has complied with	business (If not ex	xplain below)		o taxes; and	
	Individual, Partner	r or Authorized Co	rporate Officei			
DATE:	TELEPHON	IE NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENS	ING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 131400029		CITY OR TOWN	WALPOLE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE JACKMAI	N COMPANY, INC.		
DOING BUSINESS	A DALTON'S PA	ACKAGE STORE		
ADDRESS 944 C M	IAIN STREET			
CITY/TOWN: WA	LPOLE	STATE: M	A ZIP CODE:	02081
	KMAN, T DMAS	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
TWO STORY CEMENTRANCES	ENT BLOCK BL	DG. TWO ROOMS (ON FIRST FLOOR ,FR	CONT AND BACK
	ises are now open	for business (If not ex		
	,			
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131400030		CITY OR TOWN	WALPOLE	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	H. KIM,INC.				
DOING BUSINESS	A EAST WALPOLE	PACKAGE STOR	E		
ADDRESS 79 BOS	ΓON PROVIDENCE H	HWY.			
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02032	
MANAGER: KIM	, CAROLYN M. TYPE	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISE	ES:			
	FACING HIGHWAY, O STORAGE ROOM				AD.
	AGE ROOM WITH S'				
I hereby certify and s	swear under penalties of	of perjury that:			
1. the renew	ed license will be of the	e same type for the	e same premises now	licensed;	
	ee has complied with a		=	taxes; and	
3. the premi	ses are now open for b	usiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner of	or Authorized Corn	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEELITIONE	TIONIBLIC.	(Note: NOT Individual Social Security Number)		
DI CI I DI					
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:			Бу.		
(If disapproved explain	ain)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400031		CITY OR TOWN	WALPOLE		
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13	
	CLASS			YEAR	
LICENSEE NAME: DOUBLE D'S DELI &	MARKET,INC.				
DOING BUSINESS A					
ADDRESS 931 EAST ST					
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081		
MANAGER: Zampitella, Patricia TYPE C Ann	OF LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
FIRST FLOOR CONSISTING OF 1275 SQ I SECOND EXIT TO REAR	T WITH EXIT	AND ENTRANCE (ON WEST ST	WITH	
2. the licensee has complied with all 3. the premises are now open for busing SIGNED BY: Individual, Partner or A	iness (If not expl	nin below)	taxes; and		
DATE: TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below:		LOCAL LICENS	ING AUTHO	DRITY	
APPROVED: DISAPPROVED:		By:			
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400032		CITY OR TOWN	WALPOLE	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: R AND R LIQUORS IN	IC			
DOING BUSINESS A PALUMBO LIQUOR	S			
ADDRESS 419 HIGH PLAIN STREET				
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: PALUMBO, TYPE OF RUSSELL V	F LICENSE:Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
ONE FLOOR, THREE ROOMS, ONE MAIN CONTROLLED WINE ROOM, ONE WARE				
the licensee has complied with all la the premises are now open for busin SIGNED BY:		=	taxes; and	
Individual, Partner or A	uthorized Corpo	orate Officer		
DATE: TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400034		CITY OR TOWN	WALPOLE	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: SHUBHAM MA	RT INC.			
DOING BUSINESS A WALPOLE DIS	SCOUNT BEER & WI	NE		
ADDRESS 1339 MAIN ST				
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: PATEL, TY GOMATIBEN	YPE OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	IISES:			
ONE ROOM, FIRST FLOOR, FRONT ONE ROOM UPSTAIRS FOR STORA		AR ENTRANCE FO	OR RECEIVI	NG.
2. the licensee has complied wi 3. the premises are now open for SIGNED BY: Individual, Partn		in below)	o taxes; and	
marriada, rum	er of flumonized corpo	rate officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131400036		CITY OR TOWN	N WALPOLE	Ξ
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WALPOLE PLAZA I	LIQUORS,INC.			
DOING BUSINESS A	WALPOLE WINE	& SPIRITS			
ADDRESS 669 MAIN	ST				
CITY/TOWN: WALI	POLE	STATE: MA	ZIP CODE:	02081	
MANAGER: GOLLI D	ER, STEVEN TYPE	OF LICENSE:P	ackage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
GROUND FLOOR AF REAR DISPLAY AND THE FRONT WITH S	STORAGE AREA.	ONE ENTRAN			
2. the licensee	ear under penalties of l license will be of the has complied with al s are now open for bu	e same type for the laws of the Con	nmonwealth relating		
SIGNED BY:	Individual, Partner or	· Authorized Corp	oorate Officer		
DATE:	TELEPHONE	_ NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	1400037	CITY OR TOWN W	ALPOLE
APPLICATION FOR RE	ENEWAL: Annual	LICENSEL	FOR 2013
	CLASS	,	YEAR
LICENSEE NAME: M.	ARK S. AND JAY W. ABARBA	NEL	
DOING BUSINESS A S	AM'S PACKAGE STORE		
ADDRESS 262 MAIN S	TREET		
CITY/TOWN: WALPO	STATE: N	MA ZIP CODE: 02	2081
MANAGER:	TYPE OF LICENSE	E:Package Store CATE	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEA	SE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMISES:		
	G, REAR AND TWO SIDE ENT FORAGE. ADDITION OF 1250		
 the renewed li the licensee has 	r under penalties of perjury that: cense will be of the same type fo as complied with all laws of the C are now open for business (If not	Commonwealth relating to tax	
SIGNED BY:	dividual, Partner or Authorized C	Corporate Officer	
DATE:	TELEPHONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSING	G AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400040		CITY OR TOWN	WALPOLE	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: IMPERIAL JAS	MINE CORPORATION	1		
DOING BUSINESS A PEKING GAR	DEN			
ADDRESS 2275 PROVIDENCE HWY	7			
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: SEONG, WAI KUN T	YPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM DINING AREA, KITCHEN, BATHS, ENTRANCE AND THREE EXITS. I hereby certify and swear under penalti	WALK-IN COOLERS, les of perjury that:	ENTRY WAY W		IAIN
1. the renewed license will be	* *	•		
2. the licensee has complied w.3. the premises are now open f		•	taxes; and	
5. the premises are now open r	or business (if not expire	un below)		
SIGNED BY: Individual, Partr	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we a Acts of 2004, signed by the building i license and (2) the certificate of liquo	inspector and the head	l of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS By:	ING AUTHO	DRITY
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131400041		CITY OR TOWN WALPOL	Æ
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	HONG YU CO	MPANY INC.		
DOING BUSINESS	A MANDARIN	CUISINE		
ADDRESS 691 MA	IN ST			
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE: 02081	
MANAGER: WAI		ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF				
		W/ ATTENDANT KITO M DINING AREA AND	CHEN, OFFICE, AREA. FRON	Т
ENTRANCE W/ RE		WI DINING AREA AND	KITCHEN.	_
				-
I hereby certify and s	swear under penal	ties of perjury that:		
1. the renew	red license will be	of the same type for the	same premises now licensed;	
2. the licens	ee has complied v	vith all laws of the Comm	nonwealth relating to taxes; and	
3. the premi	ses are now open	for business (If not expla	in below)	
SIGNED BY:				
	Individual, Part	tner or Authorized Corpo	rate Officer	
DATE:				
DATE.	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(110to: 1101 marviduai 50ciai	Security (valider)
			certificate required by Chap	
			of the fire department for the equired by Chapter 116 of the	
, ,	certificate of fiqu	or nabinty insurance is		
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	aiii <i>)</i>			
			-	
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	31400044		CITY OR TOWN	WALPOLE	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: W	ALPOLE FUEL IN	C.			
DOING BUSINESS A	WALPOLE GULF				
ADDRESS 975 PROVID	DENCE HIGHWAY	•			
CITY/TOWN: WALPO	DLE	STATE: MA	ZIP CODE:	02081	
MANAGER: NASR, A	ASSAD TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS		-
DESCRIPTION OF LIC	ENSED PREMISES	S:			
BUILDING CONSISTS A FLORIST BUSINESS		SFSALES AN	D STORAGE IN CO	ONJUNCTIC	N WITH
3. the premises SIGNED BY:	as complied with all are now open for but	siness (If not expla	nin below)	taxes, and	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 131400045		CITY OR TOWN	WALPOLE	E
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAMI	E: A & T ENTERP	RISES, INC.			
DOING BUSINES	S A JIMMY'S PIZZ	ŒRIA			
ADDRESS 4 EAS	T ST				
CITY/TOWN: W	ALPOLE	STATE: MA	ZIP CODE:	02032	
	ALEMKERIDIS, T HENA	YPE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
	F LICENSED PREM				
			NCEPT. 46 SEATS. O HEN AND EXIT DOO		
2. the lice	nsee has complied wi	* *	•		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, sign	ned by the building i	inspector and the he	the certificate required of the fire departered by Chapte	ment for the	above named
Please Check Below:	_		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp					
	· /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN WALPOLE
Annual	LICENSED FOR 2013
CLASS	YEAR
URANT	
STATE: MA	ZIP CODE: 02081
E OF LICENSE: Res	taurant CATEGORY: All Alcohol
SSITE AND ENTER YOUR EM	MAIL ADDRESS
ES:	
KITCHEN IN REAF LOOR PLAN APPE	R, COOLERS, BATHS IN REAR OF NDED.
ousiness (If not expla	
ENUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
	LOCAL LICENSING AUTHORITY
	By:
	CLASS URANT STATE: MA E OF LICENSE:Res ESITE AND ENTER YOUR ENTES: KITCHEN IN REAL COOR PLAN APPE of perjury that: ne same type for the null laws of the Commusiness (If not explain or Authorized Corporation Authorized Corporation Authorized Corporation Plants (In possession (1) the pector and the head



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 131400048		CITYO	RIOWN	WALPULI	<u>C</u>
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	B2B GROUP INC.					
DOING BUSINESS A	A BLUE ORCHID					
ADDRESS 887 MAI	N STREET					
CITY/TOWN: WAI	LPOLE	STATE: MA	ZIP	CODE:	02081	
MANAGER: WON	G, AMY TYPE C	OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRES	SS		_
DESCRIPTION OF I	LICENSED PREMISES	:				
WITH SERVICE BA	ISES, KITCHEN WOR R, BATHROOMS & ST FRONT CONSISTING	ORAGE IN TH	E LEFT R	EAR WI	ΓΗ AN EXIT	IN THE
I hereby certify and sy	wear under penalties of p	perjury that:				
1. the renewe	ed license will be of the	same type for the	same prei	mises now	licensed;	
	e has complied with all			_	to taxes; and	
3. the premis	es are now open for bus	iness (If not expla	ain below))		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Offic	er		
DATE:	TELEPHONE N	UMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
			(No	te: <u>NOT</u> In	dividual Social S	Security Number)
Acts of 2004, signed	l, attest that we are in p by the building inspec ertificate of liquor liab	tor and the head	d of the fi	re depart	ment for the	above named
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	in)					
(11 disappioved expia	iii <i>)</i>					
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131400050		CITY OR TOWN	WALPOLE	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	HOLY CROSS	INVESTMENTS, INC	C.		
DOING BUSINESS	A 7-ELEVEN				
ADDRESS 909-11 N	MAIN STREET				
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: MEC MAC		ГҮРЕ OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:					
Convenience store located in shopping plaza; sells groceries and convenience items. One entrance and exit in front; sales floor, office, storage room					
	_	with all laws of the Corfor business (If not exp	_	o taxes; and	
5161(25 51.	Individual, Part	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [LOCAL LICENS By:	ING AUTHO	DRITY
(If disapproved explain	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 131400052		CITY OR TOWN WALPO	LE
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: JALAPENO'S	GRILL, INC.		
DOING BUSINES	SS A			
ADDRESS 960-96	62 MAIN ST.			
CITY/TOWN: W	ALPOLE	STATE: MA	ZIP CODE: 02081	
	ORRONSORO, CARDO	TYPE OF LICENSE: Res	staurant CATEGOR'	Y: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	F LICENSED PRE			
ONTO MUNICIPA	AL PARKING LO	T BAR COUNTER AND	WITH AN ENTRANCE AND O VESTIBULE AND OUTSIE I OF A LARGE ACCESSORY	DE DINING
I hereby certify an	d swear under pena	lties of perjury that:		
1. the rene	ewed license will be	e of the same type for the	same premises now licensed;	
2. the lice	nsee has complied	with all laws of the Comm	nonwealth relating to taxes; an	d
3. the pres	mises are now open	for business (If not expla	nin below)	
SIGNED BY:	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	1 BBB1 1	IONE NUMBER.	(Note: NOT Individual Socia	al Security Number)
Acts of 2004, sign	ned by the building	g inspector and the head	e certificate required by Cha I of the fire department for t equired by Chapter 116 of tl	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	-1-:-)			
(If disapproved ex	piaiii)			
			-	·
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 131400054		CITY OR TOWN	WALPOLI	2
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PEPPER DINING I	INC.			
DOING BUSINESS	A CHILI'S GRILL &	t BAR			
ADDRESS 120 PRO	VIDENCE HWY				
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: BOU	RRET, CASEY TYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
FULL SERVICE RE	STAURANT5581	SQ.FT. LOCATED	IN WALPOLE MA	LL	
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Comr	nonwealth relating t	to taxes; and	
3. the premi	ses are now open for	business (If not expla	ain below)		
SIGNED BY:					
STOTIED DT.	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NII IMDED.	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	IELEPHONI	E NUMBER:			Security Number)
					•
	d, attest that we are				
	d by the building ins certificate of liquor l				
	erimente of fiquor f	idomity insurance i	equired by Chapte	a 110 of the	11013 01 2010.
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	 vin)				
(If disapproved expla	ші <i>)</i>				
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 131400055		CITY OR TOWN WALPOLE	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NA	AME: THE WINSLEY CO	RPORATION		
DOING BUSI	NESS A THE RAVEN'S NE	ST		
ADDRESS 99	8 MAIN STREET			
CITY/TOWN:	WALPOLE	STATE: MA	ZIP CODE: 02081	
MANAGER:	MC TYPE AULIFFE,MAURA D.	OF LICENSE: Res	taurant CATEGORY: All Alc	ohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	S:		
APPROX. 160 BAR/RESTAU	00 SQ. FT. BLDG. TRADITI JRANT.	ONALLY AND CO	OMMONLY USED AS A	
I hereby certify	y and swear under penalties o	f perjury that:		
1. the	renewed license will be of the	e same type for the	same premises now licensed;	
2. the	licensee has complied with a	l laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open for bu	isiness (If not expla	in below)	
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: <u>NOT</u> Individual Social Security Nu	
Acts of 2004,	signed by the building insp	ector and the head	e certificate required by Chapter 304 of of the fire department for the above n equired by Chapter 116 of the Acts of 2	amed
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			_
				_
DATE:				_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	CENSE NUMBER: 131400056 CITY OR TOWN WALPOLE				
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 201	13 YEAR
	TEXAS ROADHO A TEXAS ROADHO ROVIDENCE HWY	USE HOLDINGS,L	LC	,	ILAK
CITY/TOWN: WA	LPOLE	STATE: MA	ZIP CODE:	02081	
MANAGER: FRA BRIA		E OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PEG CD ID MICH OF	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
FULL SERVICE FA	LICENSED PREMIS MILY RESTAURAN VAITING AREA WIT	T .7100 SQ. FT. W		NING	
	see has complied with ses are now open for l	business (If not expl	ain below)	o taxes, and	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the hea	d of the fire depart	ment for the a	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHO	RITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131400057		CITY OR TOWN WALPOLE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: WALPOLE RESTA	AURANT,INC.		
DOING BUSINESS A CRUISERS ON M	MAIN		
ADDRESS 944 MAIN ST			
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE: 02081	
MANAGER: SULLIVAN, CHERY TYP L S.	'E OF LICENSE:Re	estaurant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
SINGLE STORY BRICK FRAME BUILD ENTRANCESD,TWO HANICAP BATH DINING ROOM. PRIMISE ALSO HAS I	ROOMS, KITHCEN	N,OFFICE,FULL BAR,SEPARATE	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the	e same premises now licensed;	
2. the licensee has complied with		<u> </u>	
3. the premises are now open for	business (If not expl	lain below)	
SIGNED BY: Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building ins	spector and the head	ne certificate required by Chapter 304 of the d of the fire department for the above name required by Chapter 116 of the Acts of 201	ed
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 131400058		CITY OR TOWN	WALPOLE
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CONDEV, IN	C.		
DOING BUSINESS A CONRAD'S	RESTAURANT		
ADDRESS 905 MAIN STREET			
CITY/TOWN: WALPOLE	STATE: MA	ZIP CODE:	02081
MANAGER: CONRAD, ROBERT	TYPE OF LICENSE:Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRI	EMISES:		
THE PLAZA. THE LOCATION HA SQUARE BOX STRIPPED DOWN BE MAIN BAR, FUNCTION BAR, ALL TOTALING APPROX. 200 SE SEATING FOR 50 WITH SMALL I RESTAURANT ONLY	TO THE STRAPPING. A DINING ROOM, BAR L ATS. ALSO THERE WI	AFTER CONSTRU OUNGE AND A F LL BE AN OUTSII	CTION THERE WILL UNCTION ROOM DE PATIO WITH
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	- · ·	same premises now	licensed;
2. the licensee has complied	with all laws of the Com	nonwealth relating t	to taxes; and
3. the premises are now open	n for business (If not expl	ain below)	
SIGNED BY:	rtner or Authorized Corpo	orata Officer	
marviduai, r a	rulei of Authorized Corpo	orate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
IEEEII	TOTAL TROVIDER.	(Note: NOT Inc	dividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	d of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			